September 26, 2014

United States Senate, Special Committee on Aging
G31 Dirksen Senate Office Building
Washington, DC 20510

Re: Comments for the record; Hearing 9/16/2014; Harnessing the Power of
        TeleHealth; Promises and Challenges?

Dear Chairman Nelson, Ranking Member Collins, and Members of the Committee,

Thank you for recognizing the important role that TeleHealth will play in the future of health care delivery to all Americans. TeleHealth, if properly implemented and regulated, will be an asset to achieving the goals of the Triple Aim[1]; improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care for populations. The comments herein will be limited to the promises and challenges to implementing TeleHealth in the outpatient setting.

To improve the individual experience of care, one must decrease the barriers to access to care, increase patient and family engagement, and implement meaningful care coordination strategies. Digital health environments equipped with real-time interactive systems (synchronous) utilizing videoconferencing technologies and special digital medical instruments afford the distant site physician the opportunity to examine the patient at the originating site with the assistance of a licensed health care professional present to facilitate the examination and serve as the patients care coordinator. The videoconference may include via split screen technology, a collaborating specialist physician, language translator, family member, and or a supporting member of the health care team including pharmacists, dietitians, and diabetic educators. Bringing the health care team to the patient via sophisticated digital health environments improves the individual experience of care.

Improving health of populations through the increased deployment of telemedicine will only be possible when the digital health environments support care delivery that fuses the existing health care delivery system with the digital health environment to support delivery of care that is patient centered, promotes care coordination, and facilitates and encourages health care team based communication. Care provided to a patient from a distant site must be

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[1] Institute or Healthcare Improvement. (2012) The IHI Triple AIM.

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held to the same standard of care as an in person visit. When a physician is personally physically examining a patient who is located at a remote location, the physician or authorized prescriber should obtain a reliable medical history and perform a physical examination of the patient, adequate to establish a diagnosis for which treatment is being prescribed and to identify underlying conditions and/or contraindications to the treatment recommended/provided and conform to minimal standards of care. The State Medical Board of Ohio has addressed the minimal capability of a digital health environment to enable a physician to meet the standard of care to issue a prescription to a new patient; "(a) establish or have previously established a valid provider patient relationship; (b) have appropriate diagnostic medical equipment capable of transmitting in real-time the patient's vital signs and other physical data; (c) have appropriate diagnostic medical equipment capable of transmitting in real-time images of the patients symptoms and that also has the ability to be adjusted for better image quality and definition; (d) have sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment(s); (e) as appropriate, follow up with the patient to assess the therapeutic outcome; (f) maintain a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to his or her other health care professionals; and (g) include the electronic prescription information as part of the patient medical record."[2] For complex disease management, it is optimal to have the capability for the physician to annotate and capture in the medical record any digital image relied upon to establish diagnosis and treatment. When providing specialty care, i.e. diabetic care, the remote physician should be capable of connecting to the patient's FDA-approved integrated diabetes management system to analyze data, measure outcomes, and adjust therapy. "A key feature of the Patient Centered Medical Home is team-based care delivery focused on the needs of the patient and, when appropriate, the family. Depending on the practice, the team includes primary care physicians; nurse practitioners; physician assistants; mental health practitioners or behavioral health specialists; social workers; care coordinators; pharmacists; palliative care providers; physical, occupational and speech therapists; community health workers; and others offering support services in the community."[3] A strategically deployed digital health environment provides connectivity for the health care team to the patient without the necessity for the patient to leave their community.

Reducing the per capita costs of care for populations is critical in the current economic environment. TeleHealth should not be viewed as a stand-alone solution to solving the rising cost of health care, properly deployed and managed digital health environments will be a valuable tool for health professionals to efficiently provide quality health care to patients at originating sites readily accessible to patients. Poorly regulated deployment of TeleHealth via Skype like technology, incapable of enabling the standard of care required for in person physician visits, will lead to public health treats, further fragmentation of healthcare, and ultimately higher costs.

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[2] State Medical Board of Ohio, Interpretive Guideline: Rule 4731-11-09, Ohio Administrative Code
[3] Patient-Centered Primary Care Collaborative, 2012, Benefits of Implementing the Primary Care Patient-Centered Medical Home: A Review of Cost & Quality Results, 2012

The challenge of deploying digital health environments to be utilized for Medicare patients is the restriction on the geographic location of the originating site to qualify for reimbursement. The demand for patient access to quality, team based health care is not limited to rural health Professional Shortage Areas or counties outside a Metropolitan Statistical Area. Transportation challenges and costs are a significant barrier for senior citizens to access health care in many urban communities, whereas many patients within a Metropolitan Statistical Area do not have access to specialty physicians within their county. Addressing this senior citizen restriction to accessing quality health care via digital health environments should be a priority of the Committee while maintaining a firm grasp on restricting proliferation of TeleHealth solutions that fail to meet the standards of care established for diagnosis and treatment in a traditional practice setting.

Thank you for welcoming these comments, I would be pleased to provide any additional information you may need to further your analysis.

Sincerely,

Richard J Scholz

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Chief Strategy Officer

About Optimized Care Network:
The Optimized Care Network (OCN) is a leading provider of digital health care that merges high tech with high touch. OCN's one-of-a-kind technology enables medical providers to digitally connect with patients in a life-like manner that is changing the delivery of medicine via non-traditional sites of care. Their highly equipped digital exam room, which includes a specially trained nurse, is the 21st century model for digital health care with a personal touch.
Watch a video about OCN or download high-resolution photos here: http://bit.ly/ZaSypy

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